ATTACHMENT 2

REVISED LONG TERM DISABILITY PLAN OPTIONS/COST PROPOSALS

Bidder acknowledges that the premium amount listed below are guaranteed for the three (3) year periods of July 1, 2013 through June 30, 2016

Bidders must complete this form in it's entirety by proposing a premium amount for each OPTION and Age Band shown below

Each premium amount proposed below must be evenly divisible by "2" with no rounding to accommodate two even deduction per month through our payroll system

The State reserves the right to select any combination of "Options" listed below (from one (1) to all) to implement for employees to enroll for any of the plan years during the life of this contract

Permanent and Temprary Employees

Long Term Disability Options														
	Qualifying Period	Schedule Amount	19 & Under	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & Over
OPTION 1	2 months	60% of your monthly pay from the State												
OPTION 2	3 months	60% of your monthly pay from the State												
OPTION 3	6 months	60% of your monthly pay from the State												
OPTION 4	9 months	60% of your monthly pay from the State												